

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3785HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2009
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (NEVADA) INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your agency on July 1, 2009 in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>Ten patient files were reviewed.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	H 00		
H131 SS=A	<p>449.770 Governing Body; Bylaws</p> <p>6. The governing body shall adopt bylaws or an acceptable equivalent in accordance with legal requirements. The bylaws must be written, revised as needed, and made available to all members of the governing body, the health division and the advisory group. the terms of the bylaws must include at least the following:</p> <p>(a) The basis upon which members of the governing body are selected, their terms of office</p>	H131		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H131	Continued From page 1 of their duties and responsibilities. (b) A provision specifying to whom responsibilities for the administration and supervision of the program and the evaluation of practices may be delegated, and the methods established by the governing body for holding those persons responsible. (c) A provision specifying the frequency of board meetings and requiring that minutes be taken at each meeting. (d) A provision requiring the establishment of personnel policies. (e) the agency's statements of objectives. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy requiring the governing body's establishment of personnel policies. Severity: 1 Scope: 1	H131		
H134 SS=C	449.770 Governing Body; Bylaws 9. The governing body shall ensure that the administrator has sufficient freedom from other responsibilities to permit adequate attention to the direction and management of the agency. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy requiring the governing body to ensure the administrator had sufficient freedom from other responsibilities to direct the agency. Severity: 1 Scope: 3	H134		
H139 SS=E	449.776 Director of Professional Services 2. The director of professional services shall:	H139		

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H139	<p>Continued From page 2</p> <p>(a) Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency.</p> <p>(b) Develop and revise written objectives for the care of the patients, policies and procedure manuals.</p> <p>(c) Assist in the development of descriptions of jobs.</p> <p>(d) Assist in the recruitment and selection of personnel.</p> <p>(e) Recommend to the administrator the number and levels of members of the nursing staff.</p> <p>(f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients.</p> <p>(g) Evaluate the performance of the nursing staff.</p> <p>(h) Assist in planning and budgeting for the provision of services.</p> <p>(i) Assist in establishing criteria for the admission and discharge of patients.</p> <p>This Regulation is not met as evidenced by: Based on record review, policy review and interview, the agency failed to include the Director's involvement in making staffing recommendations, assisting in establishing criteria for the admission and discharge of patients, and the agency's Director failed to direct, supervise and coordinate skilled nursing services for 4 of 10 patients (#3, #4, #7, and #10).</p> <p>Findings include:</p> <p>The Director's job description lacked evidence of documentation to show the Director's involvement with staffing and establishing criteria for patient admission and discharge.</p>	H139			

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H139	<p>Continued From page 3</p> <p>PATIENT #3 NAC 632.249 1. Each registered nurse, licensed practical nurse, certified nursing assistant, nursing student, and nurse certified in an advanced specialty shall identify himself by his appropriate title: a. When he records information on a record; ...</p> <p>The agency admitted Patient #3 on 4/29/09. An employee (presumably a registered nurse) failed to include a job title with his/her signature on Patient #3's Home Environment Safety Evaluation.</p> <p>PATIENT #4: The agency admitted Patient #4 on or around 4/28/09 with an end of certification period date on or around 6/26/09.</p> <p>The Director was unable to provide any documentation to show the agency completed a re-certification assessment or a discharge summary.</p> <p>After repeated questioning regarding whether or not Patient #4 was active or discharged, agency staff indicated the patient was active. Patient #4's file lacked an order for recertification on 7/1/09. During the survey, the agency obtained an order to recertify Patient #4 for a second certification period to start after 6/26/09. Patient #4's file lacked plans of care for both certification periods that were signed by a physician.</p> <p>The Director indicated Employee #6 failed to properly complete Patient #4's start of care OASIS. She further indicated Employee #6 had yet to turn in the start of care OASIS and the recertification OASIS. Therefore the agency could not generate plans of care. The Director</p>	H139			

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H139	<p>Continued From page 4</p> <p>contacted Employee #6 during the survey, and Employee #6 indicated she was unable to supply the requested information during the survey due to her work schedule. The director indicated Employee #6 received several reminders/warnings regarding the late start of care assessment. Employee #6's most recent performance evaluation was dated 4/28/08. Employee 6's file lacked documentation addressing work performance issues in 2009.</p> <p>According to the agency's policy 4: 3.1A, revised on 6/29/05 and under item #2, "The initial Plan of Care should be developed within five (5) days of the patient's admission." Item #4 indicated, "The plan of care should be reviewed and updated as necessary by the home health services team every sixty-two (62) days as required by regulations, or more often should the patient's condition warrant. Any changes or updates to the Plan of Care should be documented on Physician Verbal Order Form/Progress Notes, 485, or individualized therapy, social services, or nursing plan of care, in accordance with applicable regulations and agency policy."</p> <p>According to the agency's policy #4:5.2, revised on 10/29/01 and under item #8, "The patients' plans of care should be reviewed to evaluate the progress toward goals, need for revisions and referrals, therapeutic techniques to promote compliance and quality care, appropriate utilization and coordination of services."</p> <p>Agency staff indicated they could not provide copies of Patient #4's plans of care.</p> <p>The Director indicated Employee #6 received several reminders/warnings regarding the late start of care assessment. Employee #6's most</p>	H139		

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H139	<p>Continued From page 5</p> <p>recent performance evaluation was dated 4/28/08. Employee 6's file lacked documentation addressing work performance issues in 2009.</p> <p>According to the agency's policy #9:1.1, which was revised on 5/11/04 under procedure #4, "annual reviews should be done within 30 days of the employee's anniversary of employment or their last annual performance review [5/28/09 at the latest in this case]. The employee's job description [and] job duties should be reviewed and performance rated to identify areas of strength and weakness and to identify progress on previous goals and new performance goals.</p> <p>PATIENT #7: Patient #7's start of care was 4/20/09 with a certification period of 4/20/09 to 6/18/09. A new physician's order was obtained on 6/11/09 to re-certify the patient for continued skilled nursing care and physical therapy.</p> <p>On 7/01/09, Patient #7's file lacked an OASIS re-certification assessment or a discharge summary.</p> <p>The Director was unable to provide any documentation to show that a re-certification assessment or a discharge summary was completed.</p> <p>According to the agency's policy # 2:12.0, which was revised on 3/27/01 under procedure #2, "OASIS follow up, recertification and resumption of care assessments should be completed on adult, non-maternity patients in accordance with regulations and submitted promptly to promote timely reporting of OASIS data in compliance with Medicare regulations."</p>	H139			

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H139	<p>Continued From page 6</p> <p>According to the agency's policy #2:13.3 under item #18, "...the OASIS Discharge assessment form is completed by the nurse or therapist making the last visit (this form is used for the nursing comprehensive assessment). The OASIS Transfer/Discharge (Short form) is used as indicated. These completed forms should be submitted to the agency, as soon as possible and within 72 hours."</p> <p>The agency's skilled nurse documented the last visit for Patient #7 on 6/11/09.</p> <p>PATIENT #10 Patient #10's start of care was 4/23/09 with a certification period of 4/23/09 to 6/21/09.</p> <p>Patient #10's file lacked a re-certification assessment or a discharge summary.</p> <p>The Director was unable to provide any documentation to show that either a re-certification assessment or a discharge summary was completed for Patient #10.</p> <p>According to the agency's policy #4:7.0, revised on 10/31/01, the agency failed to meet its own patient care standard #2, #3, #4, and #9 based on all the above information.</p> <p>Severity: 2 Scope: 2</p>	H139			
H144 SS=C	<p>449.779 Professional Advisory Group</p> <p>5. The advisory group shall participate in continuing program to acquaint the community with the established policies and the scope and availability of services provided by the agency and to promote appropriate utilization.</p>	H144			

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H144	Continued From page 7 This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy requiring its advisory group to acquaint the community with established policies, scope of services, and appropriate utilization of services. Severity: 1 Scope: 3	H144			
H145 SS=A	449.779 Professional Advisory Group 6. The member of the advisory group who is a physician shall interpret the established policies to the local medical society and to other physicians. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy requiring the physician of the advisory group to interpret established policies to the local medical society and to other physicians. Severity: 1 Scope: 1	H145			
H147 SS=A	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 1. Wage and hour policies; This Regulation is not met as evidenced by: Based on document review, the agency failed to establish a written policy concerning employees' wages.	H147			

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H147	Continued From page 8 Findings include: Review of the agency's policies and procedures lacked evidence of a written policy concerning employees' wages. Interview with the Director revealed the agency did not have "wage and hour" policies. Severity: 1 Scope: 1	H147		
H149 SS=A	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and contributing education; This Regulation is not met as evidenced by: Based on employee record reviews, the agency failed to provide orientation to employees as required by statute 449.782 for 1 of 8 employees (Employee#1). Severity: 1 Scope: 1	H149		
H151 SS=B	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for	H151		

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H151	Continued From page 9 each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of personnel which are specific and include the type of activity each may carry out; This Regulation is not met as evidenced by: Based on record review of employee files, it was determined that the agency failed to include a job description in the personnel file for 3 of 8 employees (Employee # 1, #5, and #6). Severity: 1 Scope: 2	H151		
H152 SS=F	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on record review, it was determined that the agency failed to comply with NRS 449.179 for 8 of 8 employees. Findings include: The Nevada Revised Statutes, under chapter 449 requires the following: Nevada Revised Statutes 449.179: Except as otherwise provided in subsection 2, within 10	H152		

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H152	<p>Continued From page 10</p> <p>days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p> <p>NRS 449.179(3)</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p>	H152			

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H152	Continued From page 11 (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. Employee #1's personnel file failed to contain a written statement stating whether they had been convicted of any crimes as required in NRS 449.188. The employee's file also failed to have two sets of fingerprints of the employee along with the background check results. The employee had a hire date of 3/25/09. Employee #2, #3, #4, #5, #6, #7 and #8's personnel files failed to contain a written statement stating whether they had been convicted of any crimes as required in NRS 449.188. Severity: 2 Scope: 3	H152			
H153 SS=E	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and This Regulation is not met as evidenced by: Based on record review it was determined that 4 of 8 employees failed to have evidence of TB testing or a physical exam in accordance with NAC 441.A.	H153			

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H153	<p>Continued From page 12</p> <p>Findings include:</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive</p>	H153		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3785HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2009
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (NEVADA) INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H153	Continued From page 13 tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Employee #1, #4, and #6's files lacked documented evidence of a physical examination at hire. Employee #6 & #7's files lacked documented evidence of meeting the regulatory requirement for tuberculin testing. Severity: 2 Scope: 2	H153		
H159 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract	H159		

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H159	Continued From page 14 must: 5. Provide for the reporting of clinical notes and observations by contracted personnel for inclusion in the records of the primary home health agency to facilitate planning and evaluating patient care and to document the care given. Periodic progress notes by appropriate members of the staff must be submitted at least every 14 days and more often if warranted by the patient's condition. This Regulation is not met as evidenced by: Based on record review, the agency's contract policy failed to indicate a 14 day deadline for clinical staff to submit progress notes. The agency's policy #2:24.0, revised on 4/25/01, failed to indicate a 14 day deadline for clinical staff to submit progress notes. Severity: 2 Scope: 3	H159			
H162 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 8. Assure that personnel and services contracted for, meet the requirements specified in NAC 449.749 to 449.800, inclusive, for home health agency personnel and services, including licensure, personnel qualifications, medical examination, functions, supervision, orientation, inservice education and case conferences. This Regulation is not met as evidenced by: Based on record review, the agency's service contract policy failed to assure contracted personnel and services met requirements under	H162			

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H162	Continued From page 15 Nevada Administrative Code (NAC) 449.749 to 449.800 inclusive. Findings include: The agency's policy #2:24.0, revised on 4/25/01, failed to assure contracted personnel and services met requirements under Nevada Administrative Code (NAC) 449.749 to 449.800 inclusive. Severity: 2 Scope: 3	H162			
H163 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 9. Provide for the acceptance of patients for home health service only by the primary home health agency. Patients may not be admitted for home health service by any person without an appropriate review of the case and acceptance of the patient by the agency. This Regulation is not met as evidenced by: Based on record review, the agency's service contract policy failed to indicate the primary agency would only admit referred patients with an appropriate case review. Findings include: The agency's policy #2:24.0, revised on 4/25/01, failed to indicate the primary agency would only admit referred patients with an appropriate case review.	H163			

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H163	Continued From page 16 Severity: 2 Scope: 3	H163		
H164 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 10. Assure that personnel and services contracted for will provide treatment to referred patients without regard to race, creed or national origin. This Regulation is not met as evidenced by: Based on record review, the agency's service contract failed to assure contracted personnel and services would provide treatment to referred patients without regard to race, creed or national origin. Findings include: The agency's policy #2:24.0, revised on 4/25/01, failed to assure contracted personnel and services would provide treatment to referred patients without regard to race, creed or national origin. Severity: 2 Scope: 3	H164		
H169 SS=E	449.791 Duties of Personnel 1. A registered nurse shall: (a) Provide nursing guidance and care to patients at home. (b) Evaluate the home for its suitability for the patient's care. (c) Teach the patient and those in the home	H169		

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H169	<p>Continued From page 17</p> <p>who nurse him how his care is to be given.</p> <p>(d) Supervise and evaluate the patient's care on a continuing basis.</p> <p>(e) Provide necessary professional nursing care.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to fulfill registered nurse duties for 3 of 10 patients (Patient #3, #4, and #6).</p> <p>Findings include:</p> <p>NAC 632.249 Each registered nurse, licensed practical nurse, certified nursing assistant, nursing student, and nurse certified in an advanced specialty shall identify himself by his appropriate title: a. When he records information on a record; ...</p> <p>The agency admitted Patient #3 on 4/29/09. An employee failed to include a job title with his/her signature on Patient #3's Home Environment Safety Evaluation.</p> <p>The agency's skilled nurse(s) failed to complete medication profiles for Patient #4 (4/28/09 to present) and Patient #6 (5/5/09 to present).</p> <p>The Director indicated Employee #6 failed to properly complete Patient #4's start of care OASIS (outcome assessment information set), medication profile, and had yet to turn in the start of care OASIS. The agency could not generate a plan of care. The Director contacted Employee #6 during the survey, and Employee #6 indicated she was unable to supply the requested information during the survey due to her work schedule.</p>	H169		

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H169	Continued From page 18 Severity: 2 Scope: 2	H169		
H176 SS=C	449.793 Evaluation by Governing Body 2. A committee shall review all contracts and charters held by the agency to ascertain that: (a) Existing contracts are legal and up to date. (b) The existing contracts meet the needs of all parties involved. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to review all contracts annually to ascertain that existing contracts were legal and up to date and met the needs of all parties involved. Findings include: 1. The agency lacked a policy requiring a committee to review all contracts annually to ascertain that existing contracts were legal and up to date and met the needs of all parties involved. 2. The agency's contract with its medical advisor was signed on May 30, 2008. 3. The agency's medical advisor resigned effective March 28, 2009. 4. The agency failed to replace the medical advisor as of July 1, 2009. Severity: 1 Scope: 3	H176		
H177 SS=B	449.793 Evaluation by Governing Body 3. A committee shall review the management and office procedures of the agency to ascertain that:	H177		

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Bureau of Health Care Quality & Compliance

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H177	<p>Continued From page 19</p> <p>(a) The agency is being operated in the most effective and economical means while still giving quality service.</p> <p>(b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current.</p> <p>(c) Equipment is in good repair an adequately meets operational needs.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to review management and office procedures in accordance with its annual evaluation.</p> <p>Findings include:</p> <p>1. Agency policies lacked a provision indicating the agency would review its management and office procedures to ascertain whether all office procedures were up to date, filing was correctly done and bookkeeping met current accepted accounting procedures.</p> <p>2. The Director failed to provide documented evidence the agency reviewed its management and office procedures annually.</p> <p>Severity: 1 Scope: 3</p>	H177			
H182 SS=C	<p>449.794 Clinical Records</p> <p>2. The clinical records of patients who are receiving services must be kept on file in the home office and in each subunit agency and branch office and may not be removed except for activities relating to their utilization and review.</p> <p>This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to establish a policy regarding the maintenance and security of patients' clinical</p>	H182			

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H182	Continued From page 20 records. Findings include: Document review revealed a lack of policy regarding the maintenance and security of clinical records. The Director failed to provide a policy as indicated above. Severity: 1 Scope: 3	H182			
H184 SS=F	449.797 Contents of Clinical Records Clinical records must contain: 1. The name, address and telephone number of hte person who will be notified in an emergency involving the patient. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to establish a policy requiring patients' emergency contact information. Findings include: Document review revealed a lack of policy regarding obtaining patients' emergency contact information. The Director failed to provide a policy as indicated above. Severity: 2 Scope: 3	H184			
H186 SS=F	449.797 Contents of Clinical Records Clinical records must contain: 3. A clinical summary from the hospital, skilled	H186			

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H186	Continued From page 21 nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to obtain a patient's admission and discharge information and/or clinical summary from the hospital or other health service facility prior to the patient's admission to the agency for 1 of 10 patients (Patient #2). Findings include: 1. The agency lacked a policy regarding patients' admission and discharge dates and clinical summaries. 2. The Director failed to provide a policy as indicated above. 3. The agency admitted Patient's #2 on 3/30/09. On 4/03/09, the agency faxed a request for a history and physical or the last three physician's notes. On 7/01/09, Patient #2's file lacked a history and physical or the last three physician's notes. Severity: 2 Scope: 3	H186		
H188 SS=D	449.797 Contents of Clinical Records Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant	H188		

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H188	Continued From page 22 to NRS 449.600. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to address advanced directives for 1 of 10 patients (#1). Findings include: Patient #1's start of care was 4/30/09. On 7/1/09, Patient #1's file lacked documentation addressing the patient's advanced directives. The Director was unable to provide any documentation to show that the advanced directives were discussed with the patient. Severity: 2 Scope: 1	H188			
H189 SS=C	449.797 Contents of Clinical Records 6. Nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to establish a policy regarding organization of clinical information and documentation (Nurses' notes). Findings include: The agency lacked a policy regarding organization of clinical information and documentation. The Director was unable to provide a policy as indicated above.	H189			

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H189	Continued From page 23 Severity: 1 Scope: 3	H189		
H191 SS=E	<p>449.797 Contents of Clinical Records</p> <p>8. A written evaluation for services made at the time the patient is admitted for care. Regular written reevaluations for services and assessments of patients made on a continuing basis.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to conduct a re-certification assessment for 3 of 10 patients (#4, #7, and #10).</p> <p>Findings include:</p> <p>Patient #4's start of care was on or around 4/28/09 with an end of certification period date on or around 6/26/09.</p> <p>Patient #4's file lacked a re-certification assessment or a discharge summary.</p> <p>The Director was unable to provide any documentation to show that a re-certification assessment or a discharge summary was completed.</p> <p>After a discussion with the surveyor on 7/01/09, the agency obtained a new physician's order to recertify the patient.</p> <p>The Director indicated Employee #6 failed to properly complete Patient #4's start of care OASIS. She further indicated Employee #6 had yet to turn in the start of care OASIS and the recertification OASIS. The Director contacted Employee #6 during the survey, and Employee #6 indicated she was unable to supply the requested information during the survey due to her work</p>	H191		

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H191	<p>Continued From page 24</p> <p>schedule.</p> <p>Patient #7's start of care was 4/20/09 with a certification period of 4/20/09 to 6/18/09. A new physician's order was obtained on 6/11/09 to re-certify the patient for continued skilled nursing care and physical therapy.</p> <p>Patient #7's file lacked a re-certification assessment or a discharge summary.</p> <p>Patient #10's start of care was 4/23/09 with a certification period of 4/23/09 to 6/21/09.</p> <p>Patient #10's file lacked a re-certification assessment or a discharge summary.</p> <p>The Director was unable to provide any documentation to show that either a re-certification assessment or a discharge summary was completed for Patient #7 and Patient #10.</p> <p>According to the agency's policy #2:12.0, which was revised on 3/27/01 under procedure #2, "OASIS (outcome assessment information set) follow up, recertification and resumption of care assessments should be completed on adult, non-maternity patients in accordance with regulations and submitted promptly to promote timely reporting of OASIS data in compliance with Medicare regulations."</p> <p>Severity: 2 Scope: 2</p>	H191		
H193 SS=E	<p>449.797 Contents of Clinical Records</p> <p>10. A record of the termination of services, including the date and reason for termination and the time when the physician was notified of the</p>	H193		

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H193	<p>Continued From page 25</p> <p>termination.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to conduct a discharge summary for 3 of 10 patients (#4, #7, and #10).</p> <p>Findings include:</p> <p>Patient #4's start of care was on or around 4/28/09 with an end of certification period date on or around 6/26/09.</p> <p>Patient #4's file lacked a re-certification assessment or a discharge summary.</p> <p>The Director was unable to provide any documentation to show that a re-certification assessment or a discharge summary was completed.</p> <p>After a discussion with the surveyor on 7/01/09, the agency obtained a new physician's order to recertify the patient.</p> <p>The Director indicated Employee #6 failed to properly complete Patient #4's start of care OASIS. She further indicated Employee #6 had yet to turn in the start of care OASIS and the recertification OASIS. The Director contacted Employee #6 during the survey, and Employee #6 indicated she was unable to supply the requested information during the survey due to her work schedule.</p> <p>Patient #7's start of care was 4/20/09 with a certification period of 4/20/09 to 6/18/09. A new physician's order was obtained on 6/11/09 to re-certify the patient for continued skilled nursing care and physical therapy.</p>	H193			

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Bureau of Health Care Quality & Compliance

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NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (NEVADA) INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119		
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H193	Continued From page 26 Patient #7's file lacked a re-certification assessment or a discharge summary. Patient #10's start of care was 4/23/09 with a certification period of 4/23/09 to 6/21/09. Patient #10's file lacked a re-certification assessment or a discharge summary. The Director was unable to provide any documentation to show that either a re-certification assessment or a discharge summary was completed for Patient #7 and Patient #10. According to the agency's policy #2:12.0, which was revised on 03.27.01 under procedure #2, "OASIS (outcome assessment information set) follow up, recertification and resumption of care assessments should be completed on adult, non-maternity patients in accordance with regulations and submitted promptly to promote timely reporting of OASIS data in compliance with Medicare regulations." Severity: 2 Scope: 2	H193		
H195 SS=E	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to record initial orders and recertification orders and to obtain physicians' signatures within	H195		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3785HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2009
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (NEVADA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H195	<p>Continued From page 27</p> <p>twenty working days for 3 of 10 patients (#1, #2 and #4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Patient #1's start of care date was 4/30/09. The file lacked a physician's signature on a telephone order dated 5/3/09. 2. Patient #2's start of care date was 3/30/09. A physician signed Patient #2's Plan of Care on 5/22/09. 3. According to the agency's policy #4: 3.A and revised 7/31/02, physician should sign all orders within 30 calendar days. 4. Patient's #4's start of care date was on or around 4/28/09. On 7/01/09 the physician recertified Patient #4 for a second certification period to start after 6/26/09. Patient #4's file lacked plans of care for both certification periods that were signed by a physician. 5. The Director indicated Employee #6 failed to properly complete Patient #4's start of care OASIS (outcome assessment information set). She further indicated Employee #6 had yet to turn in the start of care OASIS and the recertification OASIS. Therefore the agency could not generate plans of care. The Director contacted Employee #6 during the survey, and Employee #6 indicated she was unable to supply the requested information during the survey due to her work schedule. 6. According to the agency's policy #4: 3.1A, revised on 6/29/05 and under item #2, "The initial Plan of Care should be developed within five (5) days of the patient's admission." Under item #4, 	H195			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3785HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2009
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (NEVADA) INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H195	Continued From page 28 "The plan of care should be reviewed and updated as necessary by the home health services team every sixty-two (62) days as required by regulations, or more often should the patient's condition warrant. Any changes or updates to the Plan of Care should be documented on Physician Verbal Order Form/Progress Notes, 485, or individualized therapy, social services, or nursing plan of care, in accordance with applicable regulations and agency policy." Severity: 2 Scope: 2	H195		
H200 SS=E	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to obtain new orders from the physician for changes in treatment frequency for 3 of 10 patients (#5, #7, and #9). Findings include: Patient #5's file lacked an ordered skilled nursing visit for 6/7/09 through 6/13/09. Patient #7's file lacked an ordered skilled nursing visit for 6/14/09 through 6/18/09. Patient #9's file lacked an ordered skilled nursing visit for 6/14/09 through 6/20/09 and ordered physical therapy visits for 6/14/09 to 7/1/09. The Director was unable to provide any documentation to show the above visits were made, and the files lacked orders reducing or	H200		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3785HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/01/2009
NAME OF PROVIDER OR SUPPLIER ADDUS HEALTHCARE (NEVADA) INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 E FLAMINGO RD #11 LAS VEGAS, NV 89119		
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H200	Continued From page 29 discontinuing the ordered visits. Severity: 2 Scope: 2	H200			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.